

WORKERS' COMPENSATION DECLARATION

I hereby affirm that I have a certificate of consent to self insure, or a certificate of Workers' Compensation Insurance, or a certified copy thereof (Sec. 3800, Lab. C.).

Policy No. 03C4858 Company Alta Casualty

☐ Certified copy is hereby furnished.

☐ Certified copy is filed with the county building inspection department.

Date 8/1/89 Applicant Maryline Brown

CERTIFICATE OF EXEMPTION FROM WORKERS' COMPENSATION INSURANCE

(This section need not be completed if the permit is for one hundred dollars (\$100) or less.)

I certify that in the performance of the work for which this permit is issued, I shall not employ any person in any manner so as to become subject to the Workers' Compensation Laws.

Date _____ Applicant _____

NOTICE TO APPLICANT: If, after making this Certificate of Exemption, you should become subject to the Workers' Compensation provisions of the Labor Code, you must forthwith comply with such provisions or this permit shall be deemed revoked.

LICENSED CONTRACTORS DECLARATION

I hereby affirm that I am licensed under provisions of Chapter 9 (commencing with Section 7000) of Division 3 of the Business and Professions Code, and my license is in full force and effect.

License Number 486867 Lic. Class C-16

Contractor Cosco Fire Protection Date 8/1/89

☐ I am exempt under Sec. _____

B.&P.C. for this reason _____

Date: _____

Signature _____

OWNER-BUILDER DECLARATION

I hereby affirm that I am exempt from the Contractor's License Law for the following reason (Section 7031.5, Business and Professions Code):

☐ I, as owner of the property, or my employees with wages as their sole compensation, will do the work and the structure is not intended or offered for sale (Section 7044, Business and Professions Code).

☐ I, as owner of the property, am exclusively contracting with licensed contractors to construct the project (Section 7044, Business and Professions Code).

CONSTRUCTION LENDING AGENCY

I hereby affirm that there is a construction lending agency for the performance of the work for which this permit is issued (Sec. 3097, Civ. C.).

Lender's Name _____

Lender's Address _____

I certify that I have read this application and state that the above information is correct. I agree to comply with all County ordinances and State laws relating to building construction, and hereby authorize representatives of this County to enter upon the above-mentioned property for inspection purposes.

Signature of Applicant or Agent Maryline Brown

Date 8/1/89

APPLICATION FOR BUILDING PERMIT

COUNTY OF LOS ANGELES

BUILDING AND SAFETY

FOR APPLICANT TO FILL IN				BUILDING ADDRESS <u>3145 East Maria St</u>	
BUILDING ADDRESS <u>3145 East Maria St</u>		CITY <u>Co.</u>		LOCALITY <u>Co.</u>	
CITY <u>Co.</u>		ZIP <u>Co.</u>		NEAREST CROSS ST.	
SIZE OF LOT		NO. OF BLDGS. NOW ON LOT		ASSESSOR MAP BOOK	
TRACT	BLOCK	LOT NO.	PAGE		
OWNER <u>Century Designs</u>	TEL. NO.		PARCEL		
ADDRESS <u>3145 East Maria St</u>		USE ZONE			
CITY <u>Rancho Dominguez</u>		MAP NO.			
ARCHITECT OR ENGINEER		SPECIAL CONDITIONS			
ADDRESS		DISTRICT <u>B</u> GROUP <u>Full Sprinkler</u> TYPE <u>CONST</u> FIRE ZONE <u>1</u> PROCESSED BY <u>JF</u>			
CONTRACTOR <u>Cosco Fire Protection</u>		STATISTICAL CLASSIFICATION			
ADDRESS		CLASS NO. <u>22</u> DWELL. UNITS <u>0</u> APT. <u>0</u> CONDO. <u>0</u>			
CITY		SEWER MAP			
SQ. FT. SIZE <u>815</u>		NO. OF STORIES		BK. PG.	
NO. OF FAMILIES		CHECK ONE		VALUATION	
DESCRIPTION OF WORK		NEW <input type="checkbox"/>		\$ <u>1630.00</u>	
<u>Adding (9 #15) Fire sprinkler</u>		ADD <input checked="" type="checkbox"/>		\$	
USE OF EXISTING BLDG.		ALTER <input type="checkbox"/>		FINAL DATE	
APPLICANT (PRINT)		REPAIR <input type="checkbox"/>		FINAL By <u>EXP</u>	
TEL. NO.		DEMOL <input type="checkbox"/>		8-1-90	
ADDRESS		LDMA Ref. #			
PRESENT BUILDING ADDRESS		LDMA P/C #			
LOCALITY		LDMA Perm. #			
MOVING CONTRACTOR		P.C. Fee \$ <u>32.09</u> Permit Fee <u>38.25</u>			
TEL. NO.		Issuance Fee <u>13.00</u>			
ADDRESS		Investigation Fee			
REQUIRED SET BACK	YARD	HWY	TOTAL SETBACK FROM PROP. LINE	Total Fee <u>51.20</u>	
FRONT P.L.					
SIDE P.L.					

INSPECTOR COPY

SEE REVERSE FOR EXPLANATORY LANGUAGE

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